Affiliate Faculty Export Compliance Questionnaire

Affiliate Faculty Name: _____

G Number (if assigned): _____

Supervisor Name: _____ Email _____

Department/Unit: _____

Please answer the following questions to the best of your ability:

1. Is the affiliate faculty in the US on a non-immigrant visa?   Yes   No

2. Will the affiliate faculty's work be performed in the US for the duration of the assignment?   Yes   No
   If "no", List the country or countries where the work will be performed: _____

3. Will the affiliate faculty conduct research at Mason?   Yes   No
   If "yes", Characterize the research to be performed (Basic, Applied, Product Development, Testing, etc.) and describe the specific purpose and technology area of the research, or state "N/A"

   _____

4. Will the research involve military, defense, intelligence, space or encryption?   Yes   No   N/A
   If "yes", please describe:

   _____

5. Will the affiliate faculty participate in Sponsored Research?   Yes   No   N/A
   If "yes", name of external sponsoring agency: _____
   If "yes", GMU grant number or proposal number: _____

6. Will the affiliate faculty be provided with or have access to any information, materials, or software that is export controlled or sponsor or 3rd party proprietary or confidential?   Yes   No
   If "yes", please describe:

   _____

7. Will the affiliate faculty be provided with any government furnished equipment, information, or software?
           Yes   No
   If "yes", please describe:

   _____

Signature of Supervisor _____ Date _____

Signature of Department Chair or Dean _____ Date _____

-- *for internal use only* --

Start date: _____   End date: _____

Affiliate faculty name screened in Visual Compliance?   Yes   No

Date screened: _____   Screened by: _____

If not screened, please explain: _____